

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16868
Do not check this page.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 4729

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 788

2. PRINT FULL NAME

James Palmer 456

(a) Residence, No. 213 Spruce St. 25

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30. 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 5-14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W Richter 3500 Rutger St

20. FILE NO. MAY 24 1938 J. D. Braddock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/16/38, 1938, to 5/5/38, 1938.

I last saw him live on 5/5/38, 1938. Death is said to have occurred on the date stated above, at 7.20 P.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Chronic alcoholism
Vitamin deficiency
Polymenitis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of Injury....., 1938

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify.....

(Signed) W. Maxwell, M. D.
(Address) City Hospital No. 1

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.